Utah Department of Health

Center for Multicultural Health

THE CONNECTION

NEWSLETTER

LINKING HEALTH AGENCIES AND COMMUNITY ORGANIZATIONS THAT WORK WITH MINORITIES IN UTAH

May 2007 Issue # 11

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HOW DID MULTICULTURAL HEALTH FAIR AT THE UTAH'S LEGISLATURE?

Utah *Health Matters* E-Newsletter: *Special Multicultural Health Edition*

It was a decent Session for communities impacted by health disparities, though trouble may be on the horizon. Following are highlights related to reducing health disparities from the Legislative Session. Starting with the good news…

CHIP: Full funding for the Children's Health Insurance Program: This means CHIP will be open to new enrollment on July 1, 2007. Given the woeful under-enrollment of communities of color in medical assistance programs, this is great news. Now the trick is to make sure that all communities make full use of this wonderful program—before it runs out of money.

HB437: Defeat of HB437, Limitation on Government Benefits to 'Aliens' Unlawfully Present by Rep. Herrod. The bill was intended to send an elaborate hate message to immigrants. If codifying hate was not reason enough to oppose this bill, the expense of implementing it is. Similar statutes are known to cost states much more than they save because of the added bureaucratic costs of excluding immigrants that were never qualifying for or using the public programs in the first place. Despite its defeat, there was substantial support for the bill in the legislature. So it will likely be back with a vengeance next year. We would do best to learn from the problems similar provisions have caused in states such as Colorado. Also, Idaho just passed a similar provision.

Medicaid: Legislators finally embraced the Medicaid Preferred Drug List and, even better, they agreed to re-invest the savings in Medicaid reimbursement rates for providers (physicians and dentists). Our hope is that more competitive provider rates will improve access to preventive care. Medicaid dental and vision services were restored, though only with 1-time monies.

Primary Care Grants: This critical source of funds for community health centers and other facilities devoted to providing high-quality primary care services received $500,000 in ongoing monies. Community Health Centers provide a "medical home" to communities impacted by health disparities. Note that only $70,000 of the $500K is new money! Though this is moving in the right direction, it hardly touches the need for timely access to primary care.

Non-Medicaid Mental Health Services received $2.7 million in ongoing funding. The trick will be to make sure that adequate portion of this is devoted to services beyond Valley Mental Health, like mental health services that are provided in the primary care setting. To get involved in this vital issue, contact NAMI-Utah (http://www.namiut.org)

Now for the bad or mixed news… *(continued on page 2)*

HOW DID MULTICULTURAL HEALTH FAIR AT THE LEGISLATURE?

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- **HB278, Community-Based Self-Sufficiency Grants (Rep. Jen Seelig):** This was a 'learning year' for our beloved **'Mini-Grants" concept**. Outreach and marketing to communities of color is difficult in a state like Utah where public programs have limited resources and capacity to serve underserved communities. To facilitate outreach HB278 designates modest mini-grants to community-based organizations that have established trust with high-risk communities. To compete for the grants organizations must demonstrate a fresh approach to supporting self-sufficiency in their target populations. The money can be used to help communities make use of resources (like Medicaid and CHIP) known to facilitate self sufficiency. http://www.healthpolicyproject.org/Publications_files/CommunityBasedSelfSufficiencyFactSheet1-19-07.pdf
- **Systemic Health Reform and Small Business Coverage Initiatives:** This was not the Session for systemic health reform or small business coverage initiatives. The next Session should be a different story. Governor Huntsman declared his intent to cover all children, but somehow the Legislature was not on the same page. This may be for the best at least for now, as policymakers have yet to explore financially sustainable ways to cover the uninsured. The first step is to pinpoint the causes of rising health care costs: inefficient management of risk and high overhead costs. Hang onto your hat! We expect bold ideas on this issue in the coming year.
- **Consolidation of Eligibility Services under the Department of Workforce Services.** The Legislature finally gave their blessings to this risky integration of eligibility processes into DWS. UHPP has been more hopeful than other advocacy groups about DWS' commitment to targeting under-served groups, however the transition team has yet to address many key questions like: the funding status of eligibility workers outstationed in settings other than hospitals, the wisdom of embarking on transition of this magnitude with a new DWS Executive Director (see #4 below), others (please email us your lingering concerns).

- **Obesity and Cervical Cancer prevention initiatives did not receive funding.** Both diseases disproportionately impact communities of color and low-income Utahns. Both campaigns will be back next Session. After the Session, millionaire Jon Huntsman Sr. donated $1,000,000 to the state for cervical cancer prevention.

If you would like to subscribe to Health Matters and the Health Action Network of the Utah Health Policy Project, send email to joanna@healthpolicyproject.org

To join the Utah Multicultural Health Network, send email to Isabel Rojas: isabel@cuutah.org of CU.

Information provided by: Utah Health Policy Project

CULTURAL DIFFERENCES IN HEALTH CARE: HOW I LEARNED TO TREAT MY BIAS?

At our hospital in Tennessee not long ago, I saw my picture on the hallway message board alongside those of other doctors in a display thanking us for our service. My Asian-Indian complexion set me apart -- it's something that I am rarely conscious about in everyday life. It got me thinking: When I walk into the room, do my patients see me as a foreigner?
Then I wondered: When I walk into a room, how do I see my patients?

For the next few days I observed myself whenever I entered a hospital room to see a new patient. To my surprise, I realized that in the initial glance I viewed patients as an "elderly black man" or a "Hispanic worker" -- and all the baggage that comes with their race, gender and ethnicity. My prejudices had kicked in.

Unfortunately, the entire health system sees patients by race, gender and ethnicity, and it has a profound effect on how care is delivered.
The Institute of Medicine in its 2002 report "Unequal Treatment" cited some provocative statistics. Black patients, for example, tend to receive lower-quality care for cancer, heart disease, HIV, diabetes and other illnesses. Black men are 40 percent more likely to die of cancer than white men. These differences often persist even after accounting for age, severity of illness and delays in seeking treatment among different groups.

How can this happen in America in 2007? It's simple. Social psychology shows that stereotyping is a universal human mental function. We use social groups (race, sex and ethnicity) to understand people -- to gather or recall information about people from our minds.

The mental processing goes something like this: When I enter the room in which a patient is waiting for me, I do four things.
- First, in the seconds before our initial greeting, I automatically and often unconsciously activate my stereotype. Thus, I assume a young Hispanic man is likely to be an uninsured construction worker.
- Second, even though I believe that I do not judge people based on stereotypes, the data show it is very likely that I do. When I see an elderly black woman I am more likely to ask her about church as a support structure than I am to ask a white man the same question because I assume she is church-going.
- Third, after the encounter, my stereotyping affects how I recall and process information. A white man complaining of pain receives more attention than a Hispanic woman with the same complaint because I stereotype white men as being more stoic. (Remember that stereotyping is different from medical profiling based on disease epidemiology. A young black woman with anemia is more likely to have sickle cell disease than an elderly white man is, based on biology and racial background.)
- Fourth, my stereotypes probably guide my expectations and handling of the patient, resulting in a self-fulfilling prophecy. An elderly black man is unlikely to understand the details of a diagnosis, I assume, so I spend less time explaining his disease and its consequences. Ultimately, such a patient is less informed about his illness.

(continued on page 4)

CULTURAL DIFFERENCES IN HEALTH CARE: HOW I LEARNED TO TREAT MY BIAS?

Continued from page 3

The most glaring result of black-white inequality in health care was found in a 2005 study issued by former surgeon general David Satcher. He estimated that closing the black-white mortality gap would eliminate more than 83,000 deaths per year among African Americans.

It is painful to write these things. As health-care workers we try to be unbiased in our delivery of care.
Once I became aware of how I thought when I encountered patients, I was able to start changing. Though I initially saw a patient as an elderly black woman, my forced reflection helped reduce the stereotype. As our conversation developed, the stereotype melted away. I began to see my patient rather than his or her social group.

I hope that patients have done the same for me. I hope that they did not see me only as a brown foreigner but recognized me as a doctor keen to be a partner in their health care.
As a society we can overcome prejudices in health care by facing our tendency to stereotype. Medicare and its contractors -- quality improvement organizations -- are training doctors in a "cultural competency" program in which they receive free educational credits and become aware of biases in care delivery and cultural perception of illness. (I am taking the course.)

As for patients, I have another suggestion. The next time you see a worker at a fast-food restaurant, ask yourself: What stereotypes did your mind automatically activate?
Awareness is the first step to change.

The writer is Manoj Jain, an infectious disease physician in Memphis and a medical director of Medicare's quality improvement organizations in Tennessee and Georgia

BRIEF NEWS

COLLABORATIVE ON ETHNOGERITRIC EDUCATION

The Collaborative on Ethnogeriatric Education has kindly allowed the Center for Multicultural Health (CMH) to abridge some of its training modules into brief fact sheets about common heath care issues for African American, American Indian, Hispanic/Latino and Pacific Islander elders.
This powerpoint presentation explains legal issues surrounding interpretation and options for interpretation.
This fact sheet offers tips to work with interpreters successfully in health care settings.
For more information visit our website.

RESOURCES AND INFORMATION FOR IMMIGRANTS

The Office of Citizenship is pleased to launch WelcometoUSA.gov, the inter-agency Web portal that presents a comprehensive range of resources and information for use by immigrants. Please share this link—www.welcometousa.gov with your stakeholder groups to use as a resource as well as the information below.

Welcome toUSA.gov provides immigrants with practical information on settling in the United States and other information about participatingin our civic culture. The website serves as the central web portal to locate all federal government resources available to immigrants and the organizations that serve them. WelcometoUSA.gov contains links to help new immigrants find an English class and links www.volunteer.gov
Ffor information on ways to get involved with their community.
The website contains information for the following topics:
*Immigration and Citizenship
*Education and Childcare
*Healthcare and Families
*Government Benefits
*About the United States
*Money and Finance
*Employment
*Emergencies and Safety

NEW DATA UPDATE SHOWS STATE VARIATIONS IN KEY DISPARITIES INDICATORS

The Kaiser Family Foundation issued a new data update showing variations across states and racial and ethnic groups for six key health and health care indicators. The data update provides a quick glance at disparities in rates of infant mortality, diabetes-related mortality and AIDS cases among whites, African Americans and Hispanics in all 50 states and the District of Columbia. It also provides similar breakdowns showing the percentage of each group in each state that is uninsured, enrolled in Medicaid, and living in poverty.

Key Health and Health Care Indicators by Race/Ethnicity is drawn from the more than 30 state-specific indicators related to race and ethnicity.
The fact sheet is available online at www.kff.org/minorityhealth/7633.cfm

BRIEF NEWS

NOMINATIONS FOR THE 2007 INNOVATION IN PREVENTION AWARDS

The U.S. Department of Health and Human Services (HHS) is now accepting nominations for the 2007 Innovation in Prevention Awards, which seek to identify and celebrate organizations that have implemented innovative and creative chronic disease prevention and health promotion programs. To nominate a program or obtain additional information on the 2007 Innovation in Prevention Awards please visit www.prevent.org/awards2007

To be eligible, a program must address at least one of the following risk categories:
Obesity
Physical activity
Nutrition
In addition nominated programs:
Must be in operation for at least two years.
Must explicitly state funding sources.
Cannot have previously received this award.
Awards will be given in the following categories
Faith-Based and/or Community Initiatives
Health Care Delivery
Healthy Workplace
Large Employer > 500 Employees
Small Employer < 500 Employees
Non-Profit
Public Sector
Schools (K-12)

The deadline for nomination is 5:00 PM EDT, June 29, 2007

ETHINCITY MAY AFFECT BMI CUT POINTS

In a new study in *Circulation*, South Asian, North American aboriginal, and Chinese ethnicity were associated with glucose, blood-pressure, and lipid abnormalities at a lower body mass index (BMI) than the cut points widely in use, suggesting the need for lower BMI cut points in these patients. How will this finding affect health care providers' practice?

Will use lower BMI cut points for these patients.

27% (195)

Will consider using lower BMI cut points for these patients.

49% (343)

No change in practice.

23% (162)

Total Responses: 700
Poll conducted 24-Apr-2007 - 01-May-2007

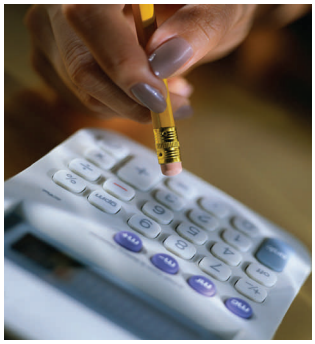
GRANT OPPORTUNITIES (I)

The Poverty & Race Research Action Council (PRRAC) Small Grants Program for Research/Advocacy funds social science research tied directly to ongoing advocacy projects. The purpose is to support, encourage, and disseminate action-oriented research; to make connections between and among those who engage in action, advocacy, organizing and research; and to build public awareness about the various dimensions of and challenges faced by those at the intersections of race and poverty.
Thanks to another generous grant from the Annie E. Casey Foundation, PRRAC is pleased to announce the renewal of its Small Grants Program for 2007.
General Information:
- Maximum grant is $10,000
- Two threshold criteria:
*Proposals must be for research on an intersection of poverty and race. The proposed research must be designed from the outset to support a planned and specified advocacy agenda (i.e., litigation, community
organizing, public education, legislation, etc.)
*Grant funds the research and dissemination (generally, dissertations and books will not be funded unless they clearly meet the required advocacy link; PRRAC grant funds may not be used to cover overhead)
- Eligibility criteria - Applications are welcome from the following:
*Advocate/social science research teams
*Advocacy groups - either with the capacity to carry out the research themselves or that need outside research assistance
*Social science researchers at colleges, universities, research centers, etc.
Grantee must be tax-exempt 501(c)(3)s or have a tax-exempt fiscal sponsor through PRRAC's network, they can put advocacy groups in contact with appropriate researchers who can assist them, and put researchers in contact with advocacy groups that can make use of their work.
In this grant cycle, they will give preference to work in the areas of housing, education and health, as well as to work carried out in
The cities where the Casey Foundation has its Making Connections sites: Denver, Des Moines, Hartford, Indianapolis, Louisville, Milwaukee, Oakland, Providence, San Antonio, and Seattle.
In this grant cycle, they also have an interest in seeing some proposals that seek to document successful interventions or organizing/advocacy projects involving low income communities of color.
Grants will be reviewed on a rolling basis, but all proposals should
be submitted by June 1, 2007.
For more information - including details about past grants awarded under this mechanism - visit http://www.prrac.org/grants.php Questions? Contact PRRAC's Director of Research Chester Hartman at
202/906-8025

The Cooper Institute has a research grant program to support empirical studies that will further the research mission and application of the FITNESSGRAM/ACTIVITYGRAM program.

The funding program will consider applications in two categories - one that is responsive to a pre-determined focus area and one open to any topic related to FITNESSGRAM/ ACTIVITYGRAM (The maximum grant for both categories is $10,000). This year's predetermined focus is on "Back Extensor Strength/Endurance Assessment.
Email Dr. Marilu Meredith for additional information and grant applications mmeredith@cooperinst.org

For more grant opportunities visit the previous issues of ***The Connection***
http://www.health.utah.gov/cmh/news.html#newsletters



JOB AND INTERNSHIP OPPORTUNITIES

Clinical Trials Study Coordinator (Minority Population Emphasis)

Huntsman Cancer Institute Clinical Trials Office. University of Utah

Position Summary: Clinical trials study coordinator, with emphasis on minority clinical trials recruitment and enrollment, particularly among Hispanic patients, and support of minority patients enrolled on clinical trials. Also see University of Utah Human Resources www.hr.utah.edu/careers , position #28619.

Duties

Serves as a resource to faculty and staff on minority issues related to clinical trials participation.

Works closely with Huntsman Cancer Institutes Patient and Publication Education unit to provide information to Hispanic and other minority communities.

Serves as a patient advocate and guide for minority clinical trials participants. Enters and maintains data; investigates and responds to sponsor queries. Maintains documents as required by FDA guidelines. Explains and obtains informed consent. Coordinates study initiation, enrollment and closeout. Prepares for and participates in sponsor monitor visits. Reports AEs to sponsor and IRB; develops and submits other regulatory documents as requested.

Requirements

BS or equivalency

University of Utah IRB CITI course in the Protection of Human Research Subjects Certificate on hire

Department Preferences

Previous medical and/or clinical research experience.

Fluent in Spanish.

Previous outreach, activist or volunteer experience with the Hispanic community

Contact

Chris LaSalle chris.lasalle@hci.utah.edu

COMMUNITY HEALTH EDUCATOR II- WEBER-MORGAN HEALTH DEPARTMENT

Under general supervision of Department Director and under direct supervision of the Director of Health Promotion, performs complex public contact work designing and conducting community health education program. Is responsible for the development and implementation of prevention-oriented public health education program including tobacco prevention education, and cessation, intentional and unintentional injury prevention, lifestyle management, chronic disease prevention and environmental health education programs under the guidelines set forth by the annual contract with the Utah Department of Health and Environmental Quality as well as the Utah Health Code and local rules and regulations of the Department.

MINIMUM QUALIFICATIONS

1. Required education, training, and experience:

A. Education: Graduation from a college or university with a Bachelor's Degree in Public Health Education, Community Health Education, Public Health, Lifestyle Management or a closely related field,

AND B. Experience: One year of experience in community health education,

OR A Master's Degree in Health Education, Public Health, Public Administration or a closely related field.

AND Certification: Certified by the National Commission for Health Education Credentialing as a Certified Health Education Specialist.

CONFERENCES AND EVENTS

2nd Annual Asthma Genomics Workshop

Cost is FREE but online registration required by May 31.
Register online www.health.utah.gov/asthma/genomicsworkshop.html
What: An innovative half-day workshop designed to educate health professionals on how genetics/ genomics will impact asthma management in the future.

When: Thursday June 7, 2007
Time: 8:00 am - 12 noon
Where: Utah Department of Health, room 125 (288 North 1460 West, Salt Lake City)
Who should attend: nurses, pharmacists, respiratory therapists, industrial hygienists, health educators, students and other health professionals
*For those unable to attend in person, video-conferencing is available! Contact Libbey Chuy at lchuy@utah.gov
or 801-538-6441 to make the necessary arrangements. If you plan to video-conference, you still need to register by May 31.
*CHES, RN, and RT continuing education credits available.

2007 National Prevention and Health Promotion Summit

The Department of Health and Human Service' Office of Disease Prevention and Health Promotion and the Centers for Disease Control and Prevention (CDC) will be host the 2007 National Prevention and Health Promotion Summit.
For more information, visit www.cdc.gov/cochp/conference/index.htm

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7th Annual Summer Evaluation Institute

Visit the institute's website at www.eval.org/SummerInstitute07/07SIhome.aspfor more details on registration, dates, agenda, and more. The institute will be held June 11-13, 2007 at the Sheraton Atlanta Hotel in Atlanta, GA.

Annual Spring Fiesta at Northwest (SLC)

When: June 2nd from 10am-2pm. This event is free to the public and normally has around 700 people attending. They provide entertainment, hotdogs, chips, coke products, and community information are provided at no cost.

ABOUT THE CMH

The Center for Multicultural Health (CMH) is the Utah office of minority health. It is part of the Utah Department of Health, Division of Community and Family Health Services.

Our mission is to promote accessible and high-quality programs and policies that help all racial and ethnic minorities in Utah achieve optimal health. We accomplish our mission by increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services in Utah.

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If you work for the Utah Department of Health, Local Health Departments, or Community Organizations, we would like to hear from you. Please submit feedback, suggestions, ideas , or articles to: ddiez@utah.gov

MORE CONFERENCES AND EVENTS

CHILDREN'S DRAWING CONTEST

This program encourages children between the ages of 7 and 11 years who live in United States to participate in our Children's Drawing Contest "Este es mi México".

The objective is that children like you express through a drawing what Mexico means to you; its history, its culture, its natural wealth, its people, its traditional festivities, or any other theme related to Mexico.

A jury composed of specialists in children's art and expression will choose the best 15 drawings.
Winners may choose one of the following prizes: a laptop, a digital camera, or a drawing kit with a set of books. The prize will not exceed the equivalent of $1,500 US dollars.
For more information call Gloria Tapia (801) 521-8502, ext. 29

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15 ANNUAL HEALTH FAIR FOR SENIORS

When:Thursday, May 31 2007 from 8:30 am to 12:00 pm
Where: Liberty Seniors Center, 251 E 700 S, SLC.
Free medical exams: cholesterol, glucose, blood pressure, vision, etc.

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ANNUAL WORLD DAY REFUGEE CELEBRATION

On June 23, 2007. It will be held at Granite High School, located 3305 South 500 East, in South Salt Lake City from 4-8 PM.A soccer tournament will begin at 12 noon.

Since the year 2000, World Refugee Day has been celebrated internationally. It is a day set aside to honor refugees who escaped and survived persecution, and now enriched our communities.
Since 1983 more than 15,000 refugees have resettled in Utah. In excess of 53 languages are spoken and over 59 ethnicities and nationalities are represented including people from Africa, Eastern Europe, Asia, and Central America.
We invite you to attend so you too can learn more about our new Utahans and celebrate their freedom and diversity. The festivities will include dancing and musical performances, kids games and activities, and art and craft displays. Ethnic foods and refugee artwork will also be available for purchase. This event is open to the public and admission is free.
The World Refugee Day Committee is gathering funds in support of this great event. Please make a donation today!
For any questions or additional information contact Daniel Watt at (801) 428-1242 or
Irina Pierpont at (801) 526-9759.

For more events visit our calendar
http://my.calendars.net/multicultural